Kate	
EZ Care	
Janet	



## <u>2015 - 2016</u>

## BEDFORD RECREATION KIDS' CLUB SCHOOL AGE CHILD CARE REGISTRATION FORM

## Additional forms will have to be completed after June 1st.

Due to regulations, additional required forms cannot be completed until after June 1<sup>st</sup>.

After June 1<sup>st</sup>, these forms can be obtained from our website.

Child's Name:		Preferred Name:			
Date of Birth:	Gender:	_ Grade Entry	9/2015:	Age as of 9/2015:	
Street:	Town:		State: _	Zip Code:	
Home Telephone:					
Parent/Guardian #1:		Relati	onship to Cl	nild:	
Street:	Town:		State: _	<b>Zip Code:</b>	
Home Phone:	Work I	Phone:			
Cell Phone:	E-Mail	:			
Parent/Guardian #2:		Relat	ionship to C	hild:	
Street:	Town:		State: _	Zip Code:	
Home Phone:	Work I	Phone:			
Cell Phone:	E-Mail	:			
Marital Status of Parents (if not	same address):				
Non-refunda	able Registration/Pi	rocessing Fee d	lue with form	<u>m: \$50</u>	
_	rCard or Visa. Call				
_	n form. Please make		-	,	
_		Request			
<u> </u>	receipt for reimburser				
Check for year-end	receipt only for tax p	ourposes.			
You may FAX (781-275	5-4882) this form on	lly if using Ma	sterCard or	Visa as payment.	
Submission of this form does not re Scheduled Care Form or Summer F provided there is availability, will n	Fun Form indicating	your request for			
Parent Signature			 Date		